State of California—Health and Welfare Agency W.O. 5068

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No: CAD009657511 — Manifest Document No.:
2. Page 1 of 1 — Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address:
J & S LABS
521 East D. St., Wilmington, CA

4. Generator's Phone (213) 830-1412

5. Transporter 1 Company Name: INDUSTRIAL WASTE ENGINEERING
6. US EPA ID Number: CAT080029671

7. Transporter 2 Company Name:
8. US EPA ID Number:

9. Designated Facility Name and Site Address:
OMEGA CHEMICAL COMPANY
12504 E. Whittier Blvd.
Whittier, CA 90602

10. US EPA ID Number: CAD042245001

A. State Manifest Document Number: 84334004
B. State Generator's ID: CAD009657511
C. State Transporter's ID: [illegible]
D. Transporter's Phone: 213-518-5201
E. State Transporter's ID: [illegible]
F. Transporter's Phone:
G. State Facility's ID: CAD042245001
H. Facility's Phone: 213-698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. Waste Methylene Chloride, ORM-A, UN1593		TT	2000	C	211
b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above: [illegible]

K. Handling Codes for Wastes Listed Above: R01

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name	Signature	Date (Month Day Year)
Robert M. Angelo	Robert M. Angelo	02 06 85

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)
Cliff Richards	Cliff Richards	02 6 85

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name	Signature	Date (Month Day Year)

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name	Signature	Date (Month Day Year)
Tim Balterra	Tim Balterra	02 06 85

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS
TO: P.O. Box 3000, Sacramento, CA 95812

DHS 8022 A (7/84)
(EPA 8700-22)